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APPLICANTS

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** CONTINUING DATA ***** *Clerk*** FOREIGN APPLICATIONS ***** *Clerk***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 07/30/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FINLAND	SHEETS DRAWING 2	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Ostle</i> Examiner's Signature	<i>Clerk</i> Initials			

ADDRESS

4955

TITLE

Replay prevention mechanism for EAP/SIM authentication

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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